

P20799.P01

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

P20799

Total Pages

Inventor(s) or Applicant Identifier  
Thiow Keng TAN and Yee Yong LAWTitle: METHOD AND APPARATUS FOR DYNAMIC  
AND POST FILTERING

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

## APPLICATION ELEMENTS

## ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
- a. ☐ Small Entity Statement(s)
3. ☒ Specification (preferred arrangement set forth below) [Total Pages 24 ]
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 10 ]
5. ☒ Oath or Declaration [Total Pages 3 ]
- a. ☐ Newly executed (original or copy) ☒ Unexecuted
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 20 completed)  
[Note Box 6 below]
- i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Incorporation By Reference (useable if Box 5b is checked)  
The entire disclosure of the prior application, from which a  
copy of the oath or declaration is supplied under Box 5b, is  
considered as being part of the disclosure of the accompanying  
application and is hereby incorporated by reference therein.
7. ☐ Application Data Sheet. See 37 CFR 1.76
8. ☐ CD-Rom or CD-R in duplicate, large table or Computer  
Program (Appendix)

9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies
10. ☐ Assignment Papers (cover sheet & document(s))
11. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
12. ☐ English Translation Document (if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☒ Preliminary Amendment
15. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
16. ☒ Figure of Drawing to be published 5
17. ☒ Foreign priority claimed
- a. ☒ Claim of Priority
- b. ☒ Certified Copy of Priority Document(s)
18. ☒ Assignee: MATSUSHITA ELECTRIC INDUSTRIAL CO.,  
Ltd. Of Osaka, JAPAN
19. ☒ Other: Cover Letter under 37 CFR 1.53(b) and (f)

20. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application No. \_\_\_\_\_ / \_\_\_\_\_, filed \_\_\_\_\_.  
Prior application information: Examiner: \_\_\_\_\_ Group Art Unit: \_\_\_\_\_
21. ☐ Amend the specification by inserting before the first line the sentence:

This application is a \_\_\_\_\_ continuation-in-part, \_\_\_\_\_ continuation, \_\_\_\_\_ divisional, of Application No. \_\_\_\_\_ / \_\_\_\_\_, filed \_\_\_\_\_.

Address all future correspondence to **Customer No. 7055** at the present address of:

GREENBLUM & BERNSTEIN, P.L.C.  
1941 Roland Clarke Place  
Reston, VA 20191  
(703) 716-1191

3/21/01

Date

*Bruce H. Bernstein* Reg. No. 33,329  
Signature

Bruce H. Bernstein, Reg. No. 29,027  
Typed or Printed Name

- 

March 21, 2001  
GREENBLUM & BERNSTEIN, P.L.C.  
1941 Roland Clarke Place  
Reston, Va. 20191  
(703) 716-1191

*Leslie J. Paperna* Reg. No. *33,329*  
 Bruce H. Bernstein  
 Reg. No. 29,027

2

| <b>FEE TRANSMITTAL</b>   |                 | Complete if Known   |                       |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
|--|-----------------|---|-----------------------|--|-------------------------|-----------------|-----------------|-----------------|----------|-----|------------------------|--------------------|------------|-------------------------------------|-----|-----------------------------------|-----|-------------------|-----|---|--------------------------|-----|-----|------------------|-----|---|-----|-----|-------|--------------------|---|--|-----|-----|------|------------------------|-------------------------------------|-------------------------------|--|--|--|--|------------------------|--|--|--------------|--------|----------------|----------|---|---|-----|-----|--------|----|---|-----|---------------------------|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|-------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|-------------------------|
|  |                 | Application Number  | Not Yet Assigned      |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
|  |                 | Filing Date   | Concurrently Herewith |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
|  |                 | First Named Inventor  | T.K. TAN et al.       |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
|  |                 | Group Art Unit  | Unassigned            |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
|  |                 | Examiner Name   | Unassigned            |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| TOTAL AMOUNT OF PAYMENT (\$) <b>1306.00</b>  |                 | Attorney Docket Number <b>P20799</b>  |                       |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| METHOD OF PAYMENT (check one)  |                 | FEE CALCULATION (continued)   |                       |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <u>19-0089</u><br>Deposit Account Name <u>GREENBLUM &amp; BERNSTEIN, P.L.C.</u><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136(a)(3))<br><input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)<br><input type="checkbox"/> Applicant Claims Small Entity Status See 37 CFR 1.27.<br>2. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other |                 | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR</td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td>Prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within 1st month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for response within 2nd month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for response within 3rd month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for response within 4th month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for response within 5th month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of IDS</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td><td><b>(\$)</b> <u>0.00</u></td></tr> </tbody> </table> |                       | Large Fee Code   | Entity Fee (\$)         | Small Fee Code  | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130                    | 205                | 65         | Surcharge - late filing fee or oath |     | 127                               | 50  | 227               | 25  | Surcharge - late provisional filing fee or cover sheet. |                          | 139 | 130 | 139              | 130 | Non-English specification                       |     | 147 | 2,520 | 147                | 2,520   | For filing a request for reexamination |     | 112 | 920* | 112                    | 920*                                | Requesting publication of SIR |  |  |  |  |                        | Prior to Examiner action   |  | 113          | 1,840* | 113            | 1,840*   | Requesting publication of SIR after Examiner action |   | 115 | 110 | 215    | 55 | Extension for response within 1st month |     | 116                       | 390 | 216 | 195 | Extension for response within 2nd month |  | 117 | 890 | 217 | 445 | Extension for response within 3rd month |  | 118 | 1,390 | 218 | 695 | Extension for response within 4th month |  | 128 | 1,890 | 228 | 945 | Extension for response within 5th month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application |  | 141 | 1,240 | 241 | 620 | Petition to revive unintentionally abandoned application |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of IDS |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$)</b> <u>0.00</u> |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$)       | Fee Description  | Fee Paid                |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 105  | 130             | 205   | 65                    | Surcharge - late filing fee or oath  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 127  | 50              | 227   | 25                    | Surcharge - late provisional filing fee or cover sheet.                    |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 139  | 130             | 139   | 130                   | Non-English specification  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 147  | 2,520           | 147   | 2,520                 | For filing a request for reexamination                                     |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 112  | 920*            | 112   | 920*                  | Requesting publication of SIR  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
|  |                 |   |                       | Prior to Examiner action   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 113  | 1,840*          | 113   | 1,840*                | Requesting publication of SIR after Examiner action                        |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 115  | 110             | 215   | 55                    | Extension for response within 1st month                                    |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 116  | 390             | 216   | 195                   | Extension for response within 2nd month                                    |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 117  | 890             | 217   | 445                   | Extension for response within 3rd month                                    |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 118  | 1,390           | 218   | 695                   | Extension for response within 4th month                                    |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 128  | 1,890           | 228   | 945                   | Extension for response within 5th month                                    |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 119  | 310             | 219   | 155                   | Notice of Appeal   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 120  | 310             | 220   | 155                   | Filing a brief in support of an appeal                                     |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 121  | 270             | 221   | 135                   | Request for oral hearing   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 138  | 1,510           | 138   | 1,510                 | Petition to institute a public use proceeding                              |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 140  | 110             | 240   | 55                    | Petition to revive unavoidably abandoned application                       |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 141  | 1,240           | 241   | 620                   | Petition to revive unintentionally abandoned application                   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 142  | 1,240           | 242   | 620                   | Utility issue fee (or reissue)   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 143  | 440             | 243   | 220                   | Design issue fee   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 144  | 600             | 244   | 300                   | Plant issue fee  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 122  | 130             | 122   | 130                   | Petitions to the Commissioner  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 123  | 50              | 123   | 50                    | Petitions related to provisional applications                              |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 126  | 240             | 126   | 240                   | Submission of IDS  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 581  | 40              | 581   | 40                    | Recording each patent assignment per property (times number of properties) |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 146  | 710             | 246   | 355                   | Filing a submission after final rejection (37 CFR 1.129(a))                |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 149  | 710             | 249   | 355                   | For each additional invention to be examined (37 CFR 1.129(b))             |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 179  | 710             | 279   | 355                   | Request for Continued Examination (RCE)                                    |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 169  | 900             | 169   | 900                   | Request for expedited examination of a design application                  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| Other fee (specify) _____  |                 |   |                       |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| Other fee (specify) _____  |                 |   |                       |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| <b>SUBTOTAL (3)</b>  |                 |   |                       |  | <b>(\$)</b> <u>0.00</u> |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| <b>4. FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td><u>710</u></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b> <u>710</u></td></tr> </tbody> </table>  |                 | Large Fee Code  | Entity Fee (\$)       | Small Fee Code   | Entity Fee (\$)         | Fee Description | Fee Paid        | 101             | 710      | 201 | 355                    | Utility filing fee | <u>710</u> | 106                                 | 320 | 206                               | 160 | Design filing fee |     | 107   | 490                      | 207 | 245 | Plant filing fee |     | 108   | 710 | 208 | 355   | Reissue filing fee |   | 114                                    | 150 | 214 | 75   | Provisional filing fee |                                     | <b>SUBTOTAL (1)</b>           |  |  |  |  | <b>(\$)</b> <u>710</u> | <b>5. CLAIMS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>22 -20=</td> <td>2</td> <td>18</td> <td>36</td> </tr> <tr> <td>10 -3=</td> <td>7</td> <td>80</td> <td>560</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>x</td> <td></td> <td>0</td> </tr> </tbody> </table> |  | Total Claims | Extra  | Fee from below | Fee Paid | 22 -20=   | 2 | 18  | 36  | 10 -3= | 7  | 80                                      | 560 | Multiple Dependent Claims | x   |     | 0   |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$)       | Fee Description  | Fee Paid                |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 101  | 710             | 201   | 355                   | Utility filing fee   | <u>710</u>              |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 106  | 320             | 206   | 160                   | Design filing fee  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 107  | 490             | 207   | 245                   | Plant filing fee   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 108  | 710             | 208   | 355                   | Reissue filing fee   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 114  | 150             | 214   | 75                    | Provisional filing fee   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| <b>SUBTOTAL (1)</b>  |                 |   |                       |  | <b>(\$)</b> <u>710</u>  |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| Total Claims   | Extra           | Fee from below  | Fee Paid              |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 22 -20=  | 2               | 18  | 36                    |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 10 -3=   | 7               | 80  | 560                   |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| Multiple Dependent Claims  | x               |   | 0                     |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td></tr> </tbody> </table>   |                 | Large Fee Code  | Entity Fee (\$)       | Small Fee Code   | Entity Fee (\$)         | Fee Description | 103             | 18              | 203      | 9   | Claims in excess of 20 | 102                | 80         | 202                                 | 40  | Independent claims in excess of 3 | 104 | 270               | 204 | 135   | Multiple dependent claim | 109 | 80  | 209              | 40  | Reissue independent claims over original patent | 110 | 18  | 210   | 9                  | Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b>                    |     |     |      |                        | <b>SUBTOTAL (2)</b> (\$) <u>596</u> |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$)       | Fee Description  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 103  | 18              | 203   | 9                     | Claims in excess of 20   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 102  | 80              | 202   | 40                    | Independent claims in excess of 3  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 104  | 270             | 204   | 135                   | Multiple dependent claim   |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 109  | 80              | 209   | 40                    | Reissue independent claims over original patent                            |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| 110  | 18              | 210   | 9                     | Reissue claims in excess of 20 and over original patent                    |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |
| <b>SUBTOTAL (2)</b>  |                 |   |                       |  |                         |                 |                 |                 |          |     |                        |                    |            |                                     |     |                                   |     |                   |     |   |                          |     |     |                  |     |   |     |     |       |                    |   |  |     |     |      |                        |                                     |                               |  |  |  |  |                        |  |  |              |        |                |          |   |   |     |     |        |    |   |     |                           |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                         |

|                       |  |  |  |                          |  |
|-----------------------|--|--|--|--------------------------|--|
| SUBMITTED BY          |  |  |  | Complete (if applicable) |  |
| Typed or Printed Name |  | Bruce H. Bernstein   |  | Reg. Number              |  |
| Signature             |  | <i>Leslie J. Bernstein Reg. No.</i><br><div style="text-align: center; font-size: 1.5em;">33,329</div> |  | Date                     |  |
|                       |  | 3/21/01  |  | Deposit Account User ID  |  |
|                       |  |  |  | 29,027                   |  |

P20799.P03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :T.K. TAN et al.

Serial No : Not Yet Assigned

Filed : Concurrently Herewith

For :METHOD AND APPARATUS FOR DYNAMIC LOOP AND POST  
FILTERING

COVER LETTER ACCOMPANYING U.S. PATENT APPLICATION  
FILED UNDER 37 C.F.R. 1.53(b)and 1.53(f)

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:

Enclosed is a new patent application for filing in the U.S. Patent and Trademark Office under 37 C.F.R. 1.53(b)and 1.53(f) in which the Declaration and Power of Attorney attached thereto are in unexecuted form. An executed Declaration and Power of Attorney will be filed within the time period set forth in the Notice to File Missing Parts of Application, unless such time period has been extended by the filing of a petition accompanied by the extension fee under the provisions of 37 C.F.R. 1.136(a).

Related to this, a correspondence address is provided in the unexecuted Declaration and Power of Attorney, and is as follows:

GREENBLUM & BERNSTEIN, P.L.C.  
1941 Roland Clarke Place  
Reston, Va. 20191

P20799.P04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :T.K. TAN et al.

Serial No. :Not Yet Assigned

Filed :Concurrently Herewith

For :METHOD AND APPARATUS FOR DYNAMIC LOOP AND POST FILTERING




**CLAIM OF PRIORITY**

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:

Applicant hereby claims the right of priority granted pursuant to 35 U.S.C. 119 based upon Japanese Application No. 2000-085396, filed March 24, 2000. As required by 37 C.F.R. 1.55, a certified copy of the Japanese application is being submitted herewith.

Respectfully submitted,  
T.K. TAN et al.

  
Bruce H. Bernstein  
Reg. No. 29,027

March 21, 2001  
GREENBLUM & BERNSTEIN, P.L.C.  
1941 Roland Clarke Place  
Reston, VA 20191  
(703) 716-1191